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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 1700
					09/560,469
CLAIMS AS FILED - PART I					UNI-9058A
(Column 1)		(Column 2)		OTHER THAN	
FOR		NUMBER FILED		SMALL ENTITY OR	
BASIC FEE (7 CFR 1.14(d))				RATE	
TOTAL CLAIMS (7 CFR 1.14(d))		minus 20 =		\$ _____	
INDEPENDENT CLAIMS (7 CFR 1.14(d))		minus 3 =		x \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (7 CFR 1.14(d))				x _____ =	
				+ _____ =	
				TOTAL _____	
* If the difference in column 1 is less than zero, enter "0" in column 2					
CLAIMS AS AMENDED - PART II					OTHER THAN
(Column 1)		(Column 2)		SMALL ENTITY OR	
AMENDMENT 4		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY
Total (7 CFR 1.14(d))		46	Minus	40	RATE
Independent (7 CFR 1.14(d))		4	Minus	4	ADDITIONAL FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (7 CFR 1.14(d))					
(Column 1)		(Column 2)		SMALL ENTITY OR	
AMENDMENT 5		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY
Total (7 CFR 1.14(d))		44	Minus	46	RATE
Independent (7 CFR 1.14(d))		4	Minus	4	ADDITIONAL FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (7 CFR 1.14(d))					
(Column 1)		(Column 2)		SMALL ENTITY OR	
AMENDMENT 6		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OTHER THAN SMALL ENTITY
Total (7 CFR 1.14(d))		38	Minus	46	RATE
Independent (7 CFR 1.14(d))		3	Minus	4	ADDITIONAL FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (7 CFR 1.14(d))					

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\* If the entry in column 1 is less than the entry in column 2, write 'U' in column 1.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.

The "Highest Number Previously Paid For" (Total or Individual) is the highest number found in the appropriate box in column 1.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. This will vary depending upon the needs of the individual case. Any comments or the names of those you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20530. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patent, Washington, DC 20530.